

Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment

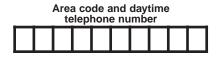


FILING PERIOD 2006

	Contributing to a better quality of life.											
→	Legal Name Trade Name							П	П	Т		e Account
→						Number						
→	Address		If you DO NOT have a Louisiana Revenue Account Number, mark this box.									
→	City	State	ZIP									
7												
US	SETHIS FORM ONLY IF YOU ARE NOT REQUI	REDTO	FILE A LOU	ISIAN	NA C	ORF	ORA	ATE I	NCO	MET	AX RE	TURN.
The 1, 2 for on Be pro	efore You Begin the Louisiana Legislature enacted R.S. 47:6025 which allow 2007, an assessment to fund the Louisiana Citizens Pro time to claim this refund ONLY if the corporation is not requirant the reverse side of this form for more information about the reverse side of this form for more information about the slow list the name of your insurance company and the pole operty that has been assessed, please complete Form Frount of your assessment for your first property. For Line 2 at incurred an assessment.	perty Insuited to file corporation licy number R-INS Sup	arance Program a Louisiana co ns that are exe er, and the ame oplement and	m as a proper at a proper to the contract of t	parte income for the it to	t of its come t filing. asses this re	prop ax re smer	erty ir turn fo nt paid . For L	suran r 2006 . If you	ice pro 6. See u have belov	emium. the inst more t w, enter	Use this tructions than one the total
Yc	Du must attach a copy or copies of your Insurar Please see instruct Physical Address of Property:	tions on	the other si	ide of	this			d pro	vide	proo	f of pa	yment.
	Address 1											
	Address 2								7IP			
	Insurance Company Policy Number											
	Tolloy Nullibel				unt	of As	sess	ment	→ [Ι		_ 00
2	Total amount of additional assessment(s) paid per attach	ned schedu	ule(s) R-INS Su	ıpplem	ent			• [П		П	_ 00
	EFLIND											
3	EFUND Add the assessment amounts on Lines 1 and 2. Print the	e result he	re					>	П			. 00
cor	der the penalties of perjury, I declare that I have examined this return rect, and complete. Declaration of preparer (other than taxpayer) is partment of Revenue may contact my insurance company/companies d I further direct my insurance company/companies to provide the Citi	s based on to verify the	all information of amount of the L	f which ouisiana	he ha a Citiz	as any ens Pro	know perty	ledge. I Insurar	also c	onsent poratio	that the n assessi	Louisiana ment paid
_	ur signature Date		Signature of paid p					-1			-11-2	1



Spouse's signature (If filing jointly, both must sign.)



Date

MAIL TO: Louisiana Department of Revenue P. O. Box 3576 Baton Rouge, LA 70821-3576

Telephone number of paid preparer

Date



Instructions for Preparing Your 2006
Louisiana Request for Refund of Louisiana
Citizens Property Insurance Corporation
Assessment (R-620INS)

ABOUT THIS FORM

The return has been designed for electronic scanning, which permits faster processing with fewer errors. In order to avoid unnecessary delays caused by manual processing, taxpayers should follow the guidelines listed below:

- 1. A corporation may file this form to claim its refund of the Louisiana Citizens Property Insurance Corporation assessment(s) that was paid during calendar year 2006 only if it is not required to, and does not file, a Louisiana corporate income tax return. Generally, organizations described in either sections 401(a) or 501 of the Internal Revenue Code are exempt from the Louisiana corporate income tax. Other certain entities are also exempt from Louisiana corporate income tax. Please see Revenue Information Bulletin (RIB) 07-006 on the Department's website for additional information.
- 2. Print amounts only on those lines that are applicable.
- 3. Use only a pen with black ink.
- 4. Because this form is read by a machine, please print your numbers inside the boxes like this:

1	2	3	4		00
				- 1	_

- 5. All numbers should be rounded to the nearest dollar.
- 6. Numbers should NOT be printed over the pre-printed zeros, in the boxes on the far right, which are used to designate cents (.00).
- 7. To avoid any delay in processing, you can only use this form for 2006.
- Failure to attach the Insurance Declaration Page(s) will result in this form being returned to you. Documents that will be accepted as
 proof that you actually paid the LA Citizens assessments include, but are not limited to, cancelled checks, an image of a check, or
 an itemized escrow statement.
- 9. Failure to attach proof of payment will result in this form being returned to you.

Name, address, and Revenue Account Number – Print the corporate legal name, address, and Revenue Account Number in the space provided. If the corporation does not have a Louisiana Revenue Account Number, mark the box below the account number field.

Information concerning the assessment amounts and Insurance Declaration Page – The amount of this assessment may appear as separate line items on what is referred to as the "Declaration Page" of your property insurance premium notice. The Declaration Page names the policyholder, describes the property or liability to be insured, type of coverage, and policy limits. Depending on the location of the insured property, these line item charges may be listed as: Louisiana Citizens FAIR Plan REGULAR Assessment, Louisiana Citizens FAIR Plan REGULAR Assessment, Louisiana Citizens Coastal Plan REGULAR Assessment, and/or Louisiana Citizens Coastal Plan REGULAR Assessment. Your total allowable credit is the sum of these amounts, if they are shown on the Declaration Page.

Line 1 – Print the address of the property, the insurance company's name, and the policy number in the spaces provided. Print the amount of the paid assessment in the appropriate boxes.

Line 2 – Do you own more than one property that incurred an assessment?

If you had more than one property during 2006 that incurred an assessment, prepare and attach Form R-INS Supplement. You must attach the Declaration Page for each property listed. Print on Line 2 the total of the additional assessments listed on the Form R-INS Supplement.

Line 3 – Add the assessment amounts that appear on Lines 1 and 2.

Sign and date the return. Mail to:

Louisiana Department of Revenue P. O. Box 3576 Baton Rouge, LA 70821-3576.